

OAHU COMMITTEES  
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NEIGHBOR ISLAND COMMITTEES  
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STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION  
DISCLOSURE REPORT  
NONCANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

Employee Benefits Resource, Inc.

(b) Mailing Address: 700 Bishop Street, Suite 502

Honolulu, HI 96813

(c) Phone (Bus) 808-533-8403 (Res)

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☐ Preliminary Primary ☐ Amended

☐ Final Primary ☒ Short Form

☐ Preliminary General

☐ Final Election Period

☐ Supplemental

REPORTING PERIOD

9/9/06 through 9/23/06

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		0.00
2. Cash on Hand at the Beginning of this Reporting Period.....	0.00	
3. Total Receipts (From Line 11, Column A and B).....	0.00	5,000.00
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	0.00	5,000.00
5. Total Disbursements (From Line 14, Column A and B).....	0.00	5,000.00
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	0.00	0.00

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS

7. Monetary Contributions of \$100 or Less.....		
8. Non-Monetary Contributions of \$100 or Less.....		
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....	0.00	5,000.00
10. Other Receipts (Schedule D, Line 2 for Column A).....		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....	0.00	5,000.00

DISBURSEMENTS

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....	0.00	5,000.00
13. Expenditures (Schedule C, Line 2 for Column A).....		
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....	0.00	5,000.00

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Committee Chairperson Signature

Date

Treasurer Signature

Date  
Form NC-3 (Rev. 11/97)

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE A  
MONETARY AND NON-MONETARY CONTRIBUTIONS  
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME:

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Employee Benefits Resource, Inc.

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Transferred from Corporate Account		0.00	5,000.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 0.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A)..... 0.00

**STATE OF HAWAII**  
**CAMPAIGN SPENDING COMMISSION**  
**SCHEDULE B**  
**CONTRIBUTIONS TO CANDIDATES**  
**NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

PAGE 1 OF 1

Employee Benefits Resource, Inc.

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	Linda Lingle Campaign Committee PO Box 25111 Honolulu, HI 96825	0.00	5,000.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... 0.00
2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A)..... 0.00